

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007563

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 46

STATE FILE NUMBER

FILED MAR 5 1962

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1021 Myra</u>		d. STREET ADDRESS (If outside, give location) <u>1021 Myra</u>	
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Alvin</u> Last <u>Wriedt</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>17</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 3, 1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator of Gas Station</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (City and state or country) <u>Macon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. Peter Wriedt</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca E. Lenon</u>	
14. NAME OF HUSBAND OR WIFE <u>Susie Ann Wriedt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain Tumor</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma of the Lt</u> DUE TO (c) <u>adrenal with metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u> <u>1 yr</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5:57</u> Month, Day, Year <u>1/9/62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>171 S Wm. Moberly</u>	
21. I attended the deceased from <u>1/9/62</u> to <u>2/17/62</u> and last saw her/him alive on <u>1/9/62</u> Death occurred at <u>5:57</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Robert Harrison, MD</u> (Degree or title)	
22b. ADDRESS <u>171 S Wm. Moberly</u>		22c. DATE SIGNED <u>2/20/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 20, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Richardsdale Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Bevier Mo.</u>
24. FUNERAL DIRECTOR <u>Lester Hutton</u>	25. DATE RECD. BY LOCAL REG. <u>2-20-62</u>	REGISTRAR'S SIGNATURE <u>Leah W. Lowe</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.